

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000003636

FILED  
Jan 24, 2007  
Secretary of State

Entity Name: SUNSET LARIOS L.L.C.

**Current Principal Place of Business:**

5859 SW 73 STREET  
MIAMI, FL 33143

**New Principal Place of Business:**

**Current Mailing Address:**

5859 SW 73 STREET  
MIAMI, FL 33143

**New Mailing Address:**

FEI Number: 65-1090225      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

KOLSKI, STEVE J  
2600 DOUGLAS RD.  
SUITE 1109  
CORAL GABLES, FL 33146 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: LARIOS, QUINTIN  
Address: 735 CALATRAVA AVENUE  
City-St-Zip: CORAL GABLES, FL 33143

Title: MGR ( ) Delete  
Name: LARIOS, MARIA  
Address: 735 CALATRAVA AVENUE  
City-St-Zip: CORAL GABLES, FL 33143

Title: MGR ( ) Delete  
Name: PALENZUELA, GONZALO J  
Address: 1195 NW 97 AVE  
City-St-Zip: MIAMI, FL 33172

Title: MGR ( ) Delete  
Name: CARRERAS, MARIA A  
Address: 1195 NW 97 AVE  
City-St-Zip: MIAMI, FL 33172

Title: MGRM ( ) Delete  
Name: MARTINEZ, DELIA E  
Address: 1195 NW 97 AVE  
City-St-Zip: MIAMI, FL 33172

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGR (X) Change ( ) Addition  
Name: LARIOS, MARIA T  
Address: 735 CALATRAVA AVENUE  
City-St-Zip: CORAL GABLES, FL 33143

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: MARIA T. LARIOS

MGR.

01/24/2007

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date